May 16, 2013

King County Board of Health ATTN: Maria Wood Public Health – Seattle & King County 401 Fifth Avenue, Suite 1300 Seattle, WA 98104

Dear Chair McDermott and King County Board of Health Members:

Thank you for this opportunity to provide comments on the draft proposed Secure Medicine Return Rule and Regulation, and for your thoughtful work and strategic leadership on this issue.

Zero Waste Washington strongly supports the Secure Medicine Return Rule. Safe medicine return is an important component of a comprehensive approach to help prevent accidental poisonings and medicine abuse, and to provide a safer and more environmentally-sound alternative to flushing hazardous medicines into our water systems or throwing them in the trash. It is a practical, common-sense approach to reduce harm.

We strongly support the product stewardship approach used in the Rule for the following reasons:

- First, while some law enforcement offices and pharmacies in King County are currently offering take-back programs for unwanted medicines, it's uncertain whether they will be able to continue paying for these programs into the future. The product stewardship approach provides sustainable funding to ensure a sustainable program.
- Second, the policy will result in a convenient program for residents throughout the County. We think the use of retail pharmacies and law enforcement agencies that volunteer to be collectors is an excellent approach. In a 2006 survey of King County residents, 84% indicated that a local pharmacy would be the most convenient place to dispose of their unwanted medicines.
- Third, this approach is about shared responsibility. The producers that profit from the sale of
 medicines will be primarily responsible for providing and financing the program. However
 pharmacies and law enforcement will serve as collection sites. Government will provide
 oversight. Consumers deliver the medicines into the program. And multiple stakeholders will
 provide education.
- Fourth, the proposed policy will ensure safe and secure management and tracking of medicines
 from collection through disposal, and will require disposal of these hazardous waste medicines
 at properly permitted hazardous waste disposal facilities when feasible. This approach sends a
 strong signal that environmental and health considerations are important in determining the
 method of final disposal.

• Finally, while product stewardship might be a less familiar approach, it has been proven to work for many products in many places. The same drug companies that have opposed product stewardship here in Washington have been operating and financing a successful take-back program for unwanted medicines in British Columbia for over 15 years. In Washington, a product stewardship program for electronics is in its fifth year and has been wildly successful. There are drop-off locations throughout the state, and about 2,500 computers, TVS and monitors are collected for recycling every day. Product stewardship works.

Technical questions and specific comments

In Section 5 (Definitions), it's my understanding that the Board of Health intends to include brand owners of covered drugs as manufacturers and producers (with an exception related to retail store labels). We strongly support including brand owners as manufacturers/producers. However, I'm concerned that the definition of manufacturer might not be adequate for capturing all brand owners. My understanding is that some drug companies contract with other companies to make the drugs that they then sell. If the contract manufacturer does all the production, packaging and labeling for the brand owner, would this inadvertently exempt the brand owner from responsibility? I request that the Board of Health legally review this definition to ensure that it matches the intent.

Section 7 H.3. (Product stewardship plans – Components) requires a description of how the product stewardship plan will voluntarily consider recycling of drug packaging to the extent feasible. I appreciate this reference to recycling of packaging. However, I recommend that, at a minimum, producers be required to consider recycling of drug packaging to the extent feasible. This is a human health issue related to potential impacts of plastic production and incineration.

Section 8 D.2. (Product stewardship plans – Collection of covered drugs) refers to an "unincorporated community service area." This is not a commonly used phrase, and it therefore might be worth including a definition or reference to a definition to ensure that the convenience standard can be clearly understood.

Section 16 (Product stewardship plans – Enforcement – Penalty) does not appear to include any enforcement regarding wholesalers providing a list of producers of covered drugs, as required in Section 13. We suggest that some level of enforcement be included.

Thank you for this opportunity to comment. Please feel free to contact me if you would like to further discuss any of these comments. We greatly appreciation your thoughtful work on this issue, and look forward to seeing a convenient, safe and sustainable take-back program implemented in King County.

Sincerely,

Suellen Mele, Program Director